رني .			_	07	19	603	96						
,	PATENT A	RD.	Application or Doctor Number 3036 LSD 289										
	9/24	Claims as	FILED -		(Column 2)		SMAL	SMALL ENTITY TYPE		OTHER THAN			
TOTAL CLAIMS			q				RAT	RATE		ſ	RATE	FEE	
FOR			KUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			4 minus 20=		• Ø		XS	XS 9-		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		· Ø		X40=			OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PI	TESENT				+13	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "O" in column 2							101	TOTAL		OR	TOTAL	-flo	
CLAIMS AS AMENDED - PART II  8-(6-05 (Column 1) (Column 2) (Column 3)							SM	OTHER THAN SHALL ENTITY					
E		CLAIMS REMARKING AFTER AMENDMENT		NUA PREVI	HEST MBER HOUSLY FOR	PRESENT EXTRA	RA	TE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
LENDMENT	Total	. 9	Minus	ئن	) C	- /	XS	<del>-</del>		OR	X\$18=		
	Independent	• /	Minus		خ	• /	XA	0=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<b>15</b> =		OR	+270=		
	4-5-	o <b>(</b> 4	·				ADDIT	OTAL FEE		OR	ADOIT. FEE		
(Column 1) (Column 2) (Column 3)													
SAT BY		CLAMS REMAINING AFTER AMENDMENT		NU PREV	MBER MOUSLY D FOR	PRESENT EXTRA	R≥	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 9	Mires		20	• 0	X	9=		OR	X\$18=	0	
AMENOMENT	independent	• /	Minus	•••	<u> </u>	<u> - 0                                   </u>	X4	<b>0</b> =		OR	X80=	O	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35-		OR	+270=	0	
		<u>.</u>					ADDI	OTAL T. FEE		OR	ADDIT. FEE		
6		o . <u>(Column 1)</u>			umn 2)	(Column 3)							
F		CLAIMS REMAINING AFTER AMENDMENT		NU PRE	MEST IMBER VIOUSLY ID FOR	PRESENT EXTRA	RV	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	

20

"If the entry in column 1 is tree than the entry in column 2, write "V" in column 3.

"If the Highest Number Previously Poid For" IN THIS SPACE is less than 20, order "20."

"If the Highest Number Previously Poid For" IN THIS SPACE is less than 3, order "20."

The "Highest Number Previously Poid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

3

Minus

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

20

FORM PTO-475 (Fox. 800)

Total

Independent

OR

OA

OR

X\$18=

X80=

+270=

OR ADDIT FEE

X\$ 9=

X40=

+135=